

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	18	↓	↓	↓		
TOTAL CLAIMS	19	↓	↓	↓		

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓	↓		
TOTAL DEP.			↓	↓		
TOTAL CLAIMS			↓	↓		